

**Commonwealth of Massachusetts
Center for Health Information and Analysis
2014 Nursing Services Cost Report**

Agencies must include as a part of their cost report submission a certification from the **Owner, Partner or Officer** attesting to the accuracy and validity of the data reported on the Nursing Services Cost Report.

Owner, Partner or Officer Certification

1. I hereby certify that, to the best of my knowledge and belief, that the filed cost report, supporting schedules, and other cost report information included in this filing are true, accurate and complete, and prepared in accordance with applicable regulations and instructions.
2. Further, the information contained in this submission is prepared from the books and records of the agency, except as otherwise noted.

**THIS CERTIFICATION IS SIGNED UNDER THE PAINS AND PENALTIES OF
PERJURY**

PLEASE MAKE CERTAIN THAT ALL SECTIONS ARE FILLED IN

***Signature of Owner, Officer or Partner:**

***Print name of Owner, Officer or Partner:**

***Date:**

***Agency / Organization:**
